BUSINESS OBJECTS ACCESS REQUEST HUMAN RESOURCE UNIVERSES – HR FACILITY

A. REQUESTER INFORMATION						
1. Employee Name (Last, First, Initial)				2. Employee ID		
3. FACS Agency	3					
5. Telephone Number 6. E-mail Address						
B. REQUESTED ACCESS						
 "All universes are composed of information subject to the definition of "public record" under section 2(e)(i) and (ii), MCL 15.232(e)(i) and (ii) of the Freedom of Information Act, MCL 15.231 et seq." 						
 HR FACILITY is limited to data for a designated facility/process level. Requester must enter a process level code and respective department code or department code range for this request. 						
HR FACILITY enables access to the HR Human Resources, HR DCDS Activity and HR DCDS Payroll universes.						
 Requester must select a security level from the list below. Proper authorization must be obtained for the selected security level. 						
HRMN Process Leve	el Code					
HRMN Department C	Code Range					
Required Approval	Security Level - S	Security level is a	a mutually exclus	ive selection. Choose	e only one.	
AA	Public - Excludes access to FICA num and all confidential data					
AA	Controlled - Additional access to FICA number and limited confidential data items					
AA	Restricted -	Restricted - Additional access to include confidential deduction related data				
AA	Confidentia	Confidential - Additional access to confidential address data				
AA		Private - Access to all confidential data including dependent information				
Reason for Requested Access						
L						
C. AGENCY AUTHORIZATION SIGNATURES						
I agree to protect my user ID and password from unauthorized use. All access under my user ID is my responsibility. All information I obtain with it shall be used only in the proper conduct of State business.						
Requester's Signature		ny mrano propor	conduct or otato	2401110001	Date	
The requester must obtain the signatures, indicated below, for authorization of this request.						
Supervisor Signature					Date	
MIDB Agency Security Administrator (ASA)					Date	
Appointing Authority (AA)					Date	
/ Appointing Additionity (AA)						

Please keep this document confidential.